T AVAILABLE CORRECTIVE October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	LEI	YTITY	OR	OTHER SMALL	
TC	TAL CLAIMS						RAT	Έ	FEE		RATE	FEE
FOR			NUMBER FILED N			NUMBER EXTRA		FEE		OR	BASIC FEE	
то	TAL CHARGEA	BLE CLAIMS	2 minus 20= *				X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 = * /					X42=			X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					_	84	OR	A64=	
# If the difference in column 1 is loss than your enter PAT in a large							+14)=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								AL		OR	TOTAL	
CLAIMS AS AMENDED - PAI (Column 1) (Colu						(Column 3)	SMA	LL	ENTITY	OR	OTHER SMALL I	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	. 8	Minus	** 2	0	- Ø	X\$ 9)=		OR	X\$18=	
	Independent	•	Minus	***	5_	- Ø	X42	=		OR	X84=	,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						114		,		.200	
							+140	TAL		OR	+280= TOTAL	، بو
(Column 1) (Column 2) (Column 3)							ADDIT.			OR	ADDIT. FEE	
AMENDMENT B	<u> </u>	(Column 1) CLAIMS		HIGH	EST	(Column 3)	Ė		ADDI			ADDI-
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus .	- **		=	X\$ 9	= '		OR	. X\$18=	. •
	Indépendent	A	Minus	***		=	X42	_		OR	X84=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							+140	= AL		OR	+280= TOTAL	
	4		٠				ADDIT.	EE		OR	ADDIT, FEE	
	(Column 1) (Column 2) (Column 3							!			100 m	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	Ë.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL - FEE
	Total	*	Minus	**		=	X\$ 9		[]mlsl	OR.	X\$18=	1./1e
	Independent	*	Minus	***		=	X42				X84=	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1		;* ·	OR		
ء نو	f the entre in selec	mn 1 is less than 4	h anto in se	tumn O unit	a "N" in en	humo 3	+140			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OFF TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
		nber Previously Pa					found in th	e app	propriate bo	din co	lumn 1.	

pplication or Docket Number